

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** CAROLINA MANOR (410363)

**Address:** 3201 W FIRST AVE, APPLETON, WI 54914

**License Status:** REGULAR

**Licensed/Certified/Registered** 06/01/1995

**Regional Office:** NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

**Survey History**

**Survey ID:** 0095014      **End Date:** 05/17/2005      **Type:** STANDARD      **Purpose:** SURVEY/COMPLAINT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007161    Served 06/13/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u>                      | <u>Compliance<br/>Verified</u> | <u>Corrected</u> |
|---------------------------|--|--------------------------------|------------------|
| 13.05(3)(a)               | ENTITY ALLEGATION REPORTING REQUIREMENTS |                                |                  |
| 83.13(4)(a)               | COMMUNICABLE DISEASE CONTROL             |                                |                  |
| 83.19(3)                  | INCIDENTS                                |                                |                  |
| 83.21(4)(g)               | FAIR TREATMENT                           |                                |                  |
| 83.21(4)(w)               | SAFE ENVIRONMENT                         |                                |                  |
| 83.32(2)(a)6              | CAPACITY FOR SELF-CARE                   |                                |                  |
| 83.33(4)(a)               | PERSONAL CARE                            |                                |                  |
| 83.34(3)(b)1              | IDENTIFY THE NEEDS OF THE RESIDENT       |                                |                  |
| 83.42(3)(e)               | QUARTERLY FIRE DRILLS                    |                                |                  |
| 83.42(3)(f)               | SLEEPING HOURS EVACUATION DRILL          |                                |                  |

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Enforcement History**

**Date:** 06/09/2005      **SOD #**10007161      **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
FORFEITURE---83.21(4)(g)  
FORFEITURE---83.21(4)(w)  
FORFEITURE---83.34(3)(b)1

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**Complaint History**

**Date Complaint Received: 10/01/2004**

**Date Investigation Completed: 05/25/2005**

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

10007161

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